

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **10/589681** FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2	/		/				52						
3	/		/				53						
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47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	↓	2	↓			TOTAL IND.		↓		↓		↓
TOTAL DEP.	15	←	15	←			TOTAL DEP.		←		←		←
TOTAL CLAIMS	17	██████	17	██████			TOTAL CLAIMS		██████		██████		██████